Minnesota Department of Human Services Waiver Review Initiative

Report for: **Clay County**

Waiver Review Site Visit: August 2013

Report Issued: October 2013

Contents

Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Clay County.

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

The Minnesota Department of Human Services (DHS) helps people meet their basic needs by providing or administering health care coverage, economic assistance and a variety of services for children, people with disabilities and older Minnesotans. DHS's Continuing Care Administration strives to improve the dignity, health and independence of Minnesotans in its annual administration and supervision of $3.5 billion in state and federal funds, which serve over 350,000 individuals.

ABOUT THE IMPROVE GROUP

The Improve Group is an independent evaluation and planning firm with the mission to help organizations deliver effective services. The research design, data collection, analysis and reporting expertise of the Improve Group emphasizes building the capacity of local organizations to make information meaningful and useful.

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

The primary goal of the Waiver Review Initiative is to assure compliance by lead agencies (counties, tribes, and Managed Care Organizations) in the administration of Minnesota's Home and Community-Based Service (HCBS) programs. The reviews allow DHS to document compliance, and remediation when necessary, to the Center for Medicare and Medicaid Services (CMS), and to identify best practices to share with other lead agencies. DHS uses several methods to review each lead agency including: program summary data and performance measures; review of participant case files; a survey of local service providers; a quality assurance survey; and a series of focus groups and interviews with staff at all levels.

This comprehensive approach results in multiple sources of information upon which the findings presented in this report are based. Where findings led to either a recommendation or a requirement for the lead agency in the administration of their HCBS programs, they are supported by multiple, compelling sources of evidence.

Table 1 below summarizes the number of sources reviewed in the lead agency for each data collection method.

Table 1: Summary of Data Collection Methods

Method	Number for Clay County
Case File Review	98 cases
Provider survey	19 respondents
Supervisor Interviews	3 interviews with 3 staff
Focus Group	2 focus group(s) with 20 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty

nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1) Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver, (5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

About Clay County

In August 2013, the Minnesota Department of Human Services conducted a review of Clay County's Home and Community Based Services (HCBS) programs. Clay County is a rural county located in north western Minnesota. Its county seat is located in Moorhead, Minnesota and the County has another 10 cities and 30 townships. In State Fiscal Year 2012, Clay County's population was approximately 60,118 and served 1,005 people through the HCBS programs. According to the 2010 Census Data, Clay County had an elderly population of 12.3%, placing it 71st (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Clay County's elderly population, 7.0% are poor, placing it 74th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Clay County Social Services is the lead agency for the HCBS programs and provides case management for these programs. There are two supervisors in Social Services who oversee staff who work with the waiver programs. There is one Social Services Supervisor for the Disability Unit which serves participants with disabilities under age 65. This supervisor oversees 12 total staff including 11 social workers and one case aide. There are four adult CADI case managers, and seven social workers who provide case management for the DD and BI programs as well as for CADI participants with developmental disabilities. These seven case managers may also provide co-case management for CAC. The case aide works primarily with the CADI program. In addition to entering screening documents and service agreements into MMIS, the case aide tracks visits and reassessments, prepares packets of documents and information, and sends out

appointment letters. DD case managers perform their own data entry. She also provides oversight to four social workers and two case aides in different units who play minimal support roles for CADI services. Another Social Services Supervisor oversees 11 total staff including three adult mental health case managers with CADI caseloads and civil commitment responsibilities. She also oversees one full-time social worker with EW managed care cases.

Clay County Public Health provides case management for the CAC, EW, and AC programs. The Director of Nursing at Clay County Public Health supervises a total of 21 staff including six case managers who work in the waiver programs. The case managers have a mix of EW and AC cases, and three also have CAC cases. Public Health is the lead for the CAC program because of the need for medical expertise on these cases. Public Health case managers have a case aide who assists with data entry for the LTCC assessments for the EW program. Clay County does contracted care coordination for Medica and Secure Blue Managed Care Organizations (MCOs).

All intake is managed by the Social Services Department. Clay County recently added an adult intake worker who has taken on the responsibility that was formerly rotated between staff in Social Services. A referral form is completed and given to the Disability Unit Social Services Supervisor for potential participants under 65 requesting an assessment or who are interested in programs. For the CADI program, the Disability Unit Social Services Supervisor verifies that they are the County of Financial Responsibility (CFR) and then assigns the case to an ongoing case manager on a rotating basis. If the case is DD but may also need CADI services, it is assigned to a DD worker. There is one DD worker who specializes in early intervention (birth to age 10) who is assigned those cases. As younger participants age, they transfer to other workers with more knowledge in this area.

Referrals for the elderly programs or CAC are sent to Public Health. The Director of Nursing assigns cases on a rotating basis but also looks at current caseloads and participant geographical location when making the assignment decision. The EW social worker in the Social Services Department is typically assigned cases with more difficult mental or behavioral health needs. Clay County completes dual initial LTCC assessments and reassessments with a social worker and public health nurse when possible for the under age 65 programs. They perform one person

assessments when they are unable to schedule the visit together. The elderly programs have single person assessments.

The CADI case managers have caseloads of about 58, while social workers with a mixed disability caseload have approximately 62 cases. Public Health nurses with EW, AC, and CAC cases have caseloads of about 68 waiver cases. The CADI mental health case managers have about 30 cases and the EW social worker has 60 cases.

Working Across the Lead Agency

Case managers communicate frequently with financial workers to ensure participants are eligible for Medical Assistance (MA) and are able to get services started. Clay County recently switched to case banking for the disability programs. When social workers have a question, they call a central line and do not necessarily talk with the person who has the case. Case managers shared that the financial unit is not always responsive to calls or e-mails. The case banking system has also caused some confusion for participants who are unsure who to contact. Public Health case managers work with two financial workers who have most of the elderly waiver participants. They are able to work directly with these financial workers and have strong working relationships with them.

CADI participants who receive both CADI and Rule 79 case management have two case managers; one for Rule 79 and one for the CADI waiver. In addition, Clay County contracts with local agencies to provide adult mental health case management. There is one children's mental health/child welfare worker that has children's CADI with mental health within the agency. This person also attends weekly meetings with Social Services to consult when needed. The county also contracts with workers across four additional agencies for children's mental health. CADI case managers e-mail and also have face-to-face meetings with contracted mental health workers to coordinate care as needed.

There is no regular, structured meeting time for lead agency supervisors to share information about the waiver programs with the County Board. They review information with the Board if there is a change or there is something new to share. For example, they have recently provided

information about MnCHOICES to the board. The Director of Nursing attends board meetings with the County Administrator when needed. Both shared that the County Board has a general understanding of the goals of the waiver programs.

Health and Safety

In the Quality Assurance survey, Clay County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated they have good, open communication with case managers. They also said that Clay County case managers are well-trained and knowledgeable.

In order to stay current with waiver program requirements, Clay County staff attend a variety of meetings. Social Services case managers have weekly Adult Case Consult meeting on Wednesday mornings that Public Health case managers are invited to attend. The meeting serves several purposes including case consultations across disciplines, sharing new information, and interfacing with providers. Case managers commented that the consultations during this meeting are extremely valuable and they appreciate being able to get different perspectives from others. Social Services and Public Health staff who work with the waivers have a regular monthly meeting to collaborate and discuss any new providers or processes. Additionally, the Disability Unit has a staff meeting every other Monday and Public Health staff have their own monthly meeting. All meetings are venues to share information on any bulletins or policy interpretation.

In addition, lead agency staff rely on DHS communications, trainings, and MCO trainings and webinars to stay up to date on current requirements. Lead agency staff have a training budget and are encouraged to attend trainings that are put on by DHS or in the community. Lead agency staff attend regional DD, LTC, and supervisor meetings to exchange ideas with other counties and use it as a forum for troubleshooting on difficult issues they have been working on. Public Health case managers also attend meetings and trainings with the MCO's. Each of the health plans has one case manager contact so these workers are staying updated and are able to pass on any information to other nurses.

The Disability Unit Social Services Supervisor has an open door policy for workers with questions. As a lead agency, they have not done regular case audits, but are starting a self-audit group where workers are able to review cases and workers have enjoyed and learned from that. In Public Health, MCO's perform annual audits, but case managers are responsible for auditing their own charts. They also meet individually with the Director of Nursing.

Service Development and Gaps

Clay County has strong provider capacity, and participants are generally given a choice in providers. However, there are still gaps in providing some needed services. Choices for chore and senior companion services for elderly participants are limited, especially in rural parts of Clay County. Case managers also noted that the increasing complexity of cases and serving unique populations has made it more difficult to find appropriate services. Some persistent gaps include services for elderly participants with mental illness or chemical dependency and a lack of behavioral services providers for participants of all ages. Another gap identified by lead agency staff includes finding appropriate housing options for participants transitioning from more intensive services to a more independent setting. Case managers noted that it is a struggle to find housing for participants with special circumstances, including those with criminal records. Lead agency staff also noted that they face cultural barriers to finding appropriate services for participants from diverse backgrounds. This includes finding providers for interpreter or language services, and providers who can provide appropriate care that is sensitive to specific social and cultural needs. Community-based employment opportunities are limited, and lead agency staff said limited public transportation routes and hours make it even more difficult to maintain employment in the community.

Lead agency staff shared that residential providers who have operated foster cares in the county for many years have been open to being more creative with developing services including assistive technology to help participants live more independently. This includes the development of apartments equipped with response systems to ensure the safety of participants moving out of a more restrictive residential setting. The lead agency has also worked with providers on disaster planning and with a focus on how they can collaborate and share resources to ensure safety of

participants. Clay County is formally meeting with providers to discuss expanding community employment options.

Community and Provider Relationships/Monitoring

During the Waiver Review, lead agency case managers were asked to rate their working relationships with local agencies serving participants in the community. Case managers only rated agencies they have had experience working with.

Clay County Case Manager Rankings of Local Agency Relationships

Count of Ratings for Each Agency	
	1 -2
	3 -4
	5+

	Below Average	Average	Above Average
Nursing Facility	0	13	0
Schools (IEIC or CTIC)	0	3	1
Advocacy Organizations	0	6	3
Hospitals (in and out of county)	0	12	3
Home Care Providers	0	8	7
Foster Care Providers	0	13	7
Customized Living Providers	1	4	10
Employment Providers (DT&H, Supported Employment)	0	7	6

Case managers take surveys to annual reassessments and ask about services the participant is receiving. Any concerns about providers are discussed at weekly staff meetings. If there are concerns that the case manager cannot resolve on their own, the supervisors connect with providers to resolve the issue. There are also formal case manager quality surveys. In Public Health, the Director of Nursing monitors satisfaction informally through check-ins with families or participants. Case managers contact the adult foster care licensor directly whenever they have

concerns. The licensor has case managers complete a survey when relicensing providers and does random drop-in visits. The licensor may also participate in the Adult Case Consult meetings.

Lead agency staff shared that they have very good working relationships with providers. They are in frequent communication and work as a team to serve participants. Case managers shared that nursing homes they work with most frequently are responsive to questions and requests. However, they said that some nursing facilities do not always communicate when participants are discharged.

Communication with hospitals both in and out of the county is average. Case managers shared that some of the social workers are great and contact them if they know the person admitted has a case manager. The MCO's also help in notifying case managers about admissions. Still, hospitals do not always communicate with case managers about discharges which makes it difficult to plan for services to ensure the person is safe once they are back at home. In addition, case managers mentioned that some hospital staff are not trained to work with the DD population.

Case managers said that schools do a great job with early intervention. Teachers are open to answering questions and invite workers to Individual Education Program (IEP) meetings. However, case managers agreed that the schools become less involved and do not contact case managers to collaborate as the students get older. Clay County has a Community Transition Interagency Committee (CTIC) training event for local youth to transition to adult services, and employers are invited to take part in this event.

Overall, case managers said they have very good working relationships with vocational providers. Some providers are very good at working with participants with challenging behaviors. Providers are typically prompt about e-mailing reports and are responsive to referrals.

Case managers have good relationships with foster care providers. Levels of communication can vary across sites, but most are good at communicating and giving updates about the participant. Case managers work closely with the providers and licensor to make sure that participants are receiving needed care. There are a lot of choices in customized living providers and case

managers said that overall they have good relationships with them. Most are receptive to working with changing health needs of participants and are able to provide high levels of support.

Case managers said that their experiences with home care agencies are mixed. There is some inconsistency about which services are available across agencies. In addition, there are some challenges with the quality of staff.

Case managers have worked with different advocacy organizations that assist participants with applications and other paperwork. Other services that participants have used include legal aid and housing access resources.

Capacity

While specific enrollment counts and demographics may vary from year to year, it is vital that lead agencies have the ability to adjust for changes in waiver program capacity.

Program Enrollment in Clay County (2008 & 2012)

CCB		DD		EW/AC	

CCB		DD		EW/AC	
2012	454	2012	185	2012	366
2008	473	2008	168	2008	393
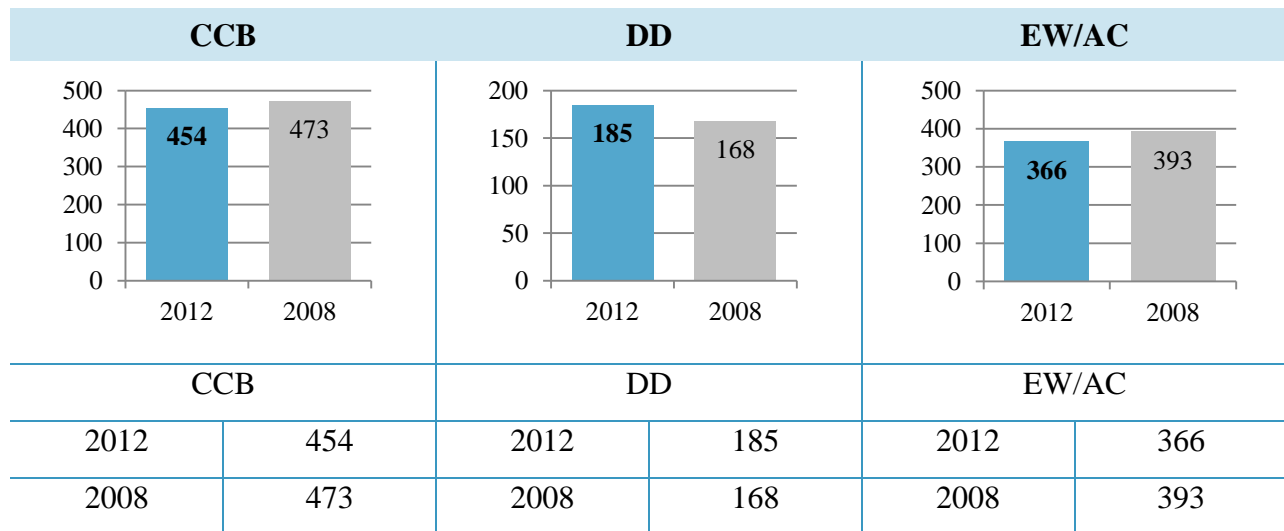
Since 2008, the total number of people served in the CCB Waiver program in Clay County has decreased by 19 participants (4.0 percent); from 473 in 2008 to 454 in 2012. Most of this

reduction occurred in the case mix B, which decreased by 37 people. Additionally, there were increases in case mixes D, E, G and J. Decreases also occurred in case mixes A and K.

Since 2008, the number of people served with the DD waiver in Clay County increased by 17 participants, from 168 in 2008 to 185 in 2012. While Clay County experienced a 10.1 percent increase in the number of people served from 2008 to 2012, its cohort had a 15.0 percent increase in number of people served. In Clay County, the profile group 3 increased by 19 people, while profile group 2 decreased by 11 people. The greatest change in the cohort profile groups occurred in people having a Profile 2. Clay experienced decrease in the number of people in Profiles 1 and 2 (9 people); Clay County serves a smaller proportion of people in these groups (24.3 percent), than its cohort (40.0 percent).

Since 2008, the number of people served in the EW/AC program in Clay County has decreased by 27 people (6.9 percent), from 393 people in 2008 to 366 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Clay County served 86 fewer lower needs participants in 2012 than in 2008. In addition, case mixes B and E grew by a total of 52 people. As a result, Clay County may be serving a higher proportion of people with mental health needs.

Value

Lead agencies get the most value out of their waiver allocations by maximizing community or individual resources and developing creative partnerships with providers to serve participants. Employment, for example, provides value to waiver participants by enriching their lives and promoting self-sufficiency.

CCB Participants Age 22-64 Earned Income from Employment (2012)

	Earns > $250/month	Earns < $250/month	Not Earning Income
Clay County	15%	13%	72%
Cohort	13%	18%	69%
Statewide	11%	15%	74%

In 2012, Clay County served 329 working age (22-64 years old) CCB participants. Of working age participants, 27.1 percent had earned income, compared to 30.8 percent of the cohort's working age participants. **Clay County ranked 32nd of 87 counties in the percent of CCB waiver participants earning more than $250 per month.** In Clay County 14.6 percent of the participants earned $250 or more per month, compared to 13.3 percent of their cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of $250 or more per month.

DD Participants Age 22-64 Earned Income from Employment (2012)
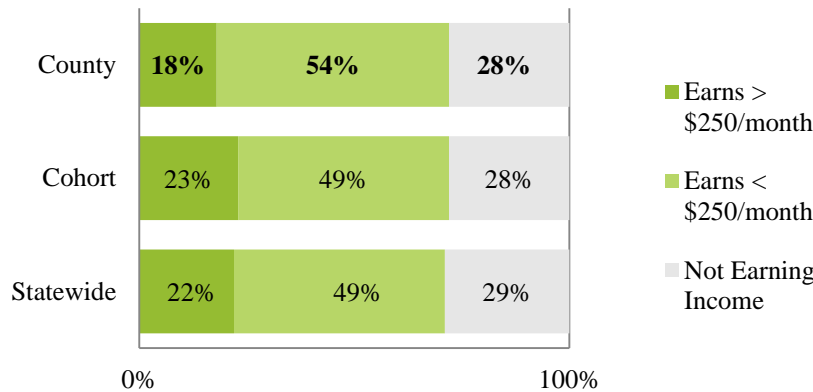
	Earns > $250/month	Earns < $250/month	Not Earning Income
Clay County	18%	54%	28%
Cohort	23%	49%	28%
Statewide	22%	49%	29%

In 2012, Clay County served 139 DD waiver participants of working age (22-64 years old). **The county ranked 60th in the state for working-age participants earning more than $250 per month.** In Clay County, 18.0 percent of working age participants earned over $250 per month, while 23.0 percent of working age participants in the cohort as a whole did. Also, 71.9 percent of working age DD waiver participants in Clay County had some earned income, while 72.1 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

Each year, costs for HCBS exceed $3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.
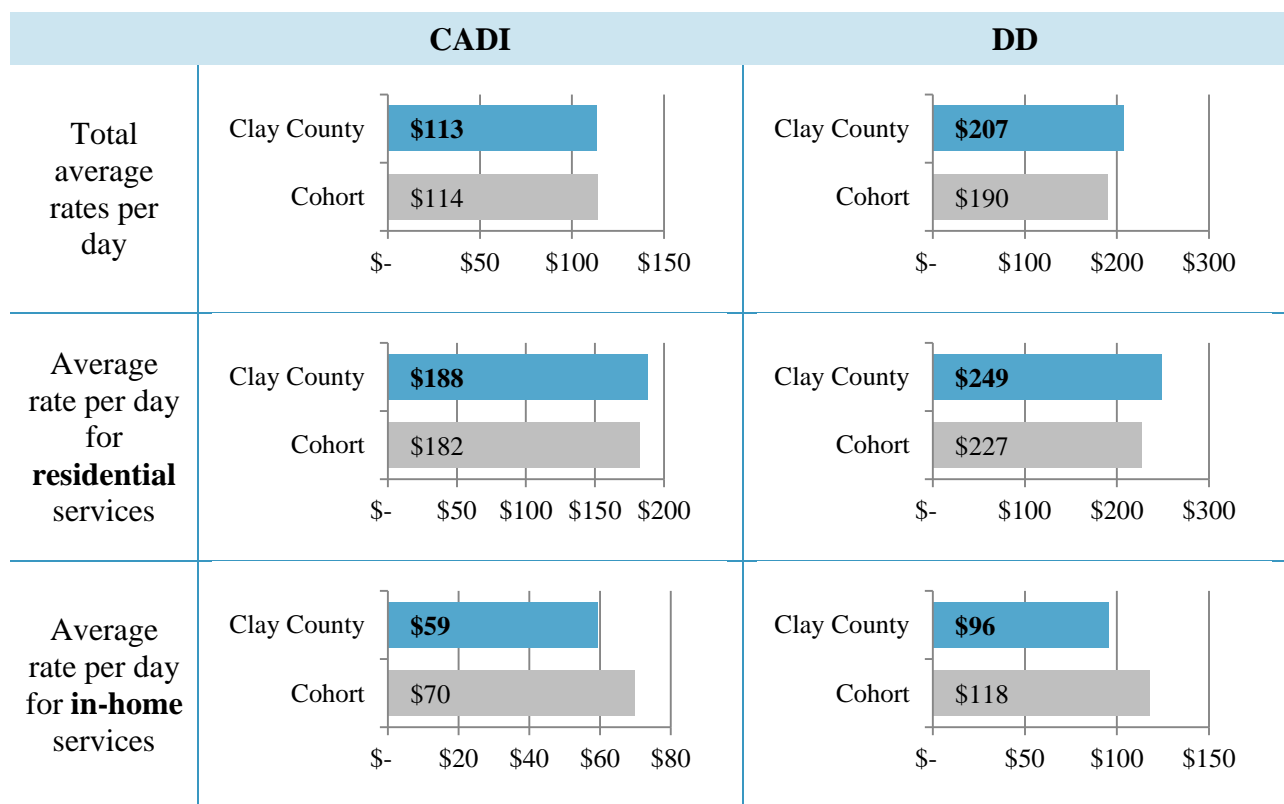
Percent of Participants Living at Home (2012)

CCB		DD		EW/AC	
CCB		DD		EW/AC	
Clay County	60%	Clay County	28%	Clay County	53%
Cohort	62%	Cohort	35%	Cohort	67%
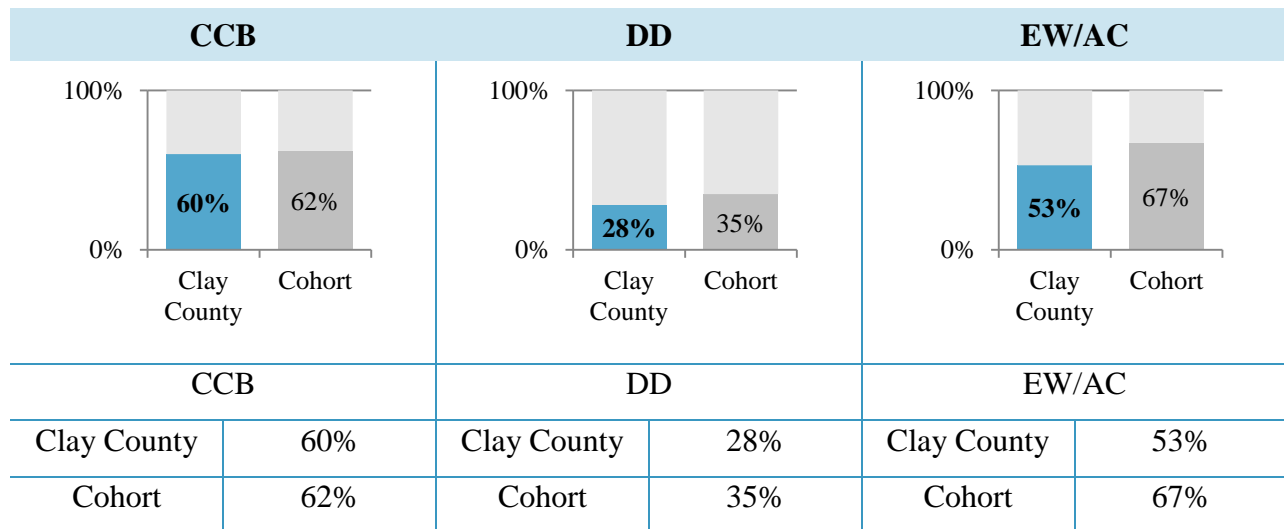
Clay County ranks 50th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 273 participants at home. Between 2008 and 2012, the percentage decreased by 8.2 percentage points. In comparison, the cohort percentage decreased by 4.0 percentage points and the statewide average fell by 4.2 points. In 2012, 60.1 percent of CCB participants in Clay were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Clay County ranks 46th out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 52 participants at home. Between 2008 and 2012, the percentage increased by 4.3 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 3.3 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.2 percent to 35.4 percent.

Clay County ranks 75th out of 87 counties in the percentage of EW/AC program participants served at home. In 2012, the county served 195 participants at home. Between 2008 and 2012, the percentage decreased by 11.4 percentage points. In comparison, the percentage of participants served at home increased by 1.6 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide. Clay County serves a lower proportion of EW/AC participants at home than their cohort or the state as a whole.

Average Rates per day for CADI and DD services (2012)

	CADI	DD
Total average rates per day	Clay County **$113**, Cohort $114	Clay County **$207**, Cohort $190
Average rate per day for **residential** services	Clay County **$188**, Cohort $182	Clay County **$249**, Cohort $227
Average rate per day for **in-home** services	Clay County **$59**, Cohort $70	Clay County **$96**, Cohort $118

Average Rates per day for CADI services (2012)

	Clay County	Cohort
Total average rates per day	$113.48	$113.92
Average rate per day for **residential** services	$188.38	$182.03
Average rate per day for **in-home** services	$59.26	$69.91

Average Rates per day for DD services (2012)

	Clay County	Cohort
Total average rates per day	$207.09	$190.33
Average rate per day for **residential** services	$248.70	$227.28
Average rate per day for **in-home** services	$95.55	$117.91

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Clay County is $.44 (0.4 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Clay County spends $6.35 (3.5 percent) more on residential services and $10.65 (15.2 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Clay County ranks 63rd of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is $103.04.

The average cost per day for DD waiver participants in Clay County is $16.76 (8.8 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Clay County spends $21.42 (9.4 percent) more on residential services but $22.36 (19.0 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Clay County ranks 83rd of 87 counties. Statewide, the average cost per day for DD waiver participants is $186.97.

Encumbrance and payment data was reviewed for the CADI and DD waiver programs in order to examine: (1) the percentage of participants receiving individual services and (2) the percentage of waiver funds being paid to individual services and unit costs.

Clay County has higher use in the CADI program as its cohort of residential based services (Foster Care (28% vs. 28%) and Customized Living (11% vs. 8%)). The county has a higher use of Supported Employment Services (22% vs. 14%). They have a higher use of some in-home services including Homemaker (26% vs. 25%) and Independent Living Skills (42% vs. 28%), but have a lower use of Skilled Nursing (16% vs. 21%) and Home Health Aide (2% vs. 4%). Sixty percent (60%) of Clay County's total payments for CADI services are for residential services
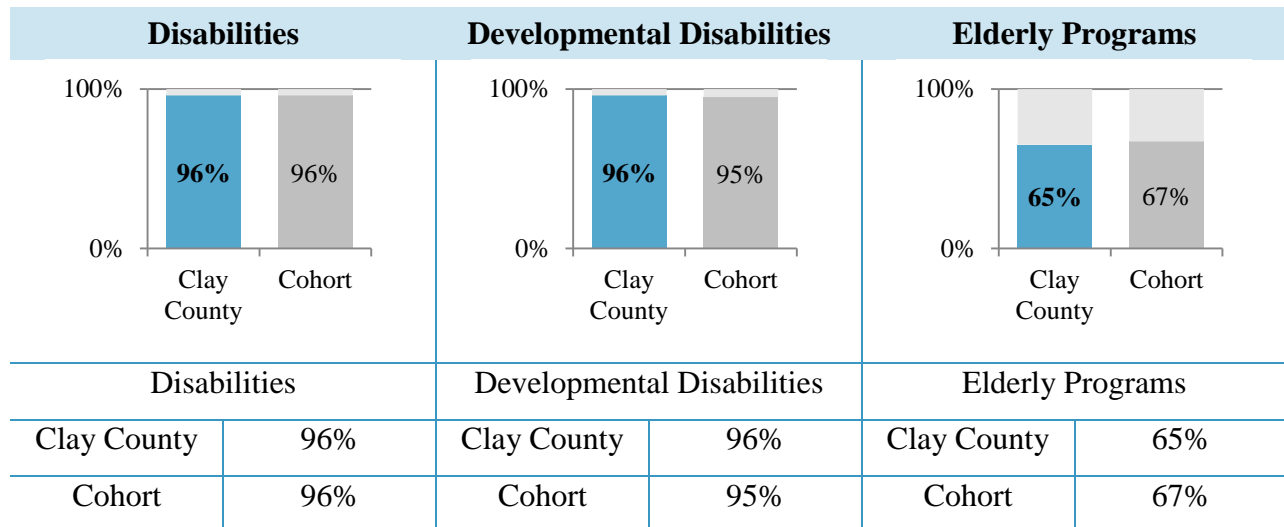
(55% foster care and 5% customized living) which is higher than its cohort group (53%). Clay County's corporate daily foster care rate is higher than its cohort ($244.23 vs. $222.07).

Clay County's use of Supportive Living Services (SLS) is higher than its cohort (72% vs. 65%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The county has a higher use of Day Training & Habilitation (62% vs. 60%) and Supported Employment (14% vs. 9%). Its use of Respite Services is lower than its cohort (14% vs. 18%) but its use of in-home family support services is higher than its cohort (23% vs. 15%). Clay County's daily corporate SLS rate is higher than its cohort ($224.11 vs. $207.40).

Usage of Long-Term Care Services

Long-term Care services include both institutional-based services and Home and Community-Based Services. While institutions play a vital role in rehabilitation, lead agencies should minimize their usage and seek to provide services in a community or home setting whenever possible.

Percent of LTC Participants Receiving HCBS (2012)

Disabilities		Developmental Disabilities		Elderly Programs	
Clay County	96%	Clay County	96%	Clay County	65%
Cohort	96%	Cohort	95%	Cohort	67%

In 2012, Clay County served 603 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 70 in institutional care. Clay County ranked 16th of 87 counties with 96.0 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 95.6 percent were HCBS participants. Since 2008, Clay County has increased its use of HCBS by 0.9 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Clay County served 245 LTC participants (persons with development disabilities) in HCBS settings and 10 in institutional settings. Clay County ranked 22nd of 87 counties with 96.1 percent of its DD participants receiving HCBS; a slightly higher rate than its cohort (95.3 percent). Clay County has improved the rate of participants receiving HCBS services. Since 2008, the county has increased its use by 0.7 percentage points while its cohort rate has increased by 1.3 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Clay County served 384 LTC participants (over the age of 65) in HCBS settings and 233 in institutional care. Clay County ranked 32nd of 87 counties with 64.7 percent of LTC participants receiving HCBS. This is lower than their cohort, where 67.3 percent were HCBS participants. Since 2008, Clay County has increased its use of HCBS by 4.0 percentage points, while their cohort has increased by 4.9 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

|	**Clay County**	Cohort	Statewide
Age 0-64	**0.45**	0.24	0.54
Age 65+	**27.37**	16.98	21.99
TOTAL	**3.83**	2.02	3.19

In 2012, Clay County was ranked 34th in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its

cohort and the statewide rate. Clay County has a higher nursing facility utilization rate for people under 65 years old than their cohort, but lower than the state as a whole. Since 2010, the number of nursing home residents 65 and older has decreased by 6.8 percent in Clay County. Overall, the number of residents in nursing facilities has decreased by 8.3 percent since 2010.

Managing Resources

Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

Budget Balance Remaining at the End of the Year
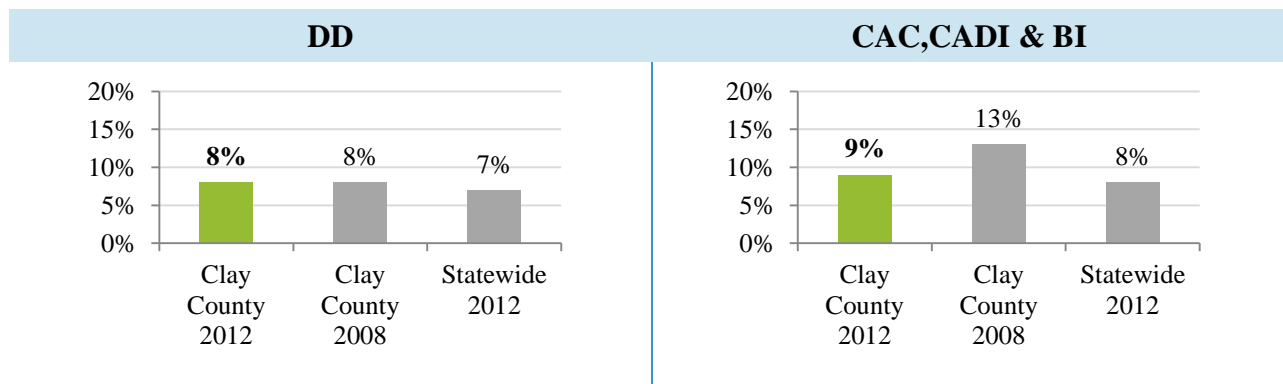
DD	CAC,CADI & BI

	DD	CAC, CADI, BI
Clay County (2012)	8%	9%
Clay County (2008)	8%	13%
Statewide (2012)	7%	8%

At the end of Calendar Year (CY) 2012, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for CY 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Clay County

had an 8% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Clay County's DD waiver balance is equal to its balance in CY 2008 (8%), but larger than the statewide average (7%).

At the end of Fiscal Year (FY) 2012, the CCB waiver budget had a reserve. Clay County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Clay County had a 9% balance at the end of FY 2012, which is a larger balance than the statewide average (8%), but smaller than its balance in FY 2008 (13%).

There is no waitlist for the CCB waivers but the DD program has a wait list of one. The waiver allocations are managed by Social Services, and Public Health staff have input through their participation in the regular monthly meetings. The waitlist and other budget information is discussed at this meeting. The waitlist contains potential participants who may currently have other services in place. Potential participants on the waitlist are discussed as a group, and staff use state priorities to assess need for services to help prioritize.

If there is a request for a service change or increase in funding, case managers complete a form for the Disability Unit Social Services Supervisor to run a simulation in WMS. At the weekly meeting, lead agency staff talk about the requests and approve requests as a group. Case managers are allowed to authorize small changes under $1,000 but are encouraged to consult with the group to make sure they have explored all options.

Lead Agency Feedback on DHS Resources

During the Waiver Review, lead agency staff were asked which DHS resources they found most helpful. This information provides constructive feedback to DHS to improve efforts to provide ongoing quality technical assistance to lead agencies. Case managers only rated resources they have had experience working with.

Clay County Case Manager Rankings of DHS Resources

Count of Ratings for Each Resource	1 -2
	3 -4
	5+

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	0	0	1	8	5
MMIS Help Desk	0	0	5	0	1
Community Based Services Manual (CBSM)	0	0	4	2	6
DHS website	0	2	9	4	2
E-Docs	0	0	2	7	6
Disability Linkage Line	0	1	4	0	1
Senior Linkage Line	0	0	5	1	3
Bulletins	0	1	4	4	4
Videoconference trainings	0	2	5	8	2
Webinars	0	1	9	7	0
Regional Resource Specialist	1	0	1	4	1
Listserv announcements	2	0	0	2	1
MinnesotaHelp.Info	1	0	2	1	1
Ombudsmen	0	0	9	5	0

Case managers reported that Policy Quest, E-Docs, and videoconference trainings were the most useful DHS resources. Case managers stated that they use Policy Quest for policy clarification,

to address unusual scenarios, and to both submit questions and look up answers to past questions. All case managers use E-Docs to obtain the most current forms and save them on their desktops. Staff shared that they like that they do not have to travel to take advantage of the videoconference trainings, but that it can be frustrating working through technological problems and that it would be more helpful if they knew what topics would be covered ahead of time. Case managers stated that the CBSM is a clear and concise resource to get clarification about services and is useful for quoting policies. Bulletins are received by the Social Services Supervisor and sent to the appropriate staff. They are also discussed at staff meetings. Case managers shared that they wished the bulletins were more straight-forward and summarized. They also stated that it would be useful if they could access webinars after the scheduled time.

Staff shared that they find the DHS website difficult to navigate and that it can be frustrating for case managers and families because it is not user-friendly. Staff stated that the Regional Resource Specialist is always responsive and helpful in directing them to the right people or resources to solve issues. Supervisors have had good experiences with Ombudsmen so far, stating that they use them in difficult situations and that they are a great resource for families as they are looking out for participants' best interests. Case managers found the Disability Linkage Line and the Senior Linkage Line to be somewhat helpful resources and said that they refer families to them. Case managers shared that it can be difficult to tell if the many Listserv announcements they receive are relevant given the influx of e-mails they get day to day. Supervisors stated that they do not use MinnesotaHelp.Info very much but that they hear from consumers that it can be cumbersome and difficult to find local information on the site. Staff uses MMIS Help Desk for questions about MMIS.

Lead Agency Strengths, Recommendations & Corrective Actions

The findings in the following sections are drawn from reports by the lead agency staff, reviews of participant case files, and observations made during the site visit.

Clay County Strengths

The following findings focus on Clay County's recent improvements, strengths, and promising practices. They are items or processes used by the lead agency that create positive results for the county and its HCBS participants.

○ **Clay County addresses issues to comply with Federal and State requirements.** During the previous review in 2009, Clay County received a corrective action for frequency of face-to-face visits, ICF/DD level of care documentation, and BI waiver and eligibility determination form. In 2013, none of these issues remain for Clay County indicating technical improvements over time.

○ **Case managers are experienced and build relationships with waiver participants and families over time.** Case managers expertise allows them to easily navigate across programs within the agency and provide seamless services for participants. Frequent visits to participants allow case managers to not only build a strong relationship, but also monitor the participant and be proactive in putting preventative services in place to ensure their health and safety. Case managers visited participants an average of 3.7 times in the past 18 months across all programs. In addition, case managers documented participant life events in case notes 92% of the time.

○ **Clay County staff work well together and collaborate across departments and units to serve waiver participants.** Case managers in Public Health and Social Services are accessible to one another and frequently consult and problem solve with each other on cases. Case managers also work closely with other staff in the lead agency such as child protection, adult protection, and mental health. These other staff provide support and bring an outside perspective which is valuable in meeting participants' unique needs. Case managers ensure needs are being met by tailoring services for participant. For example, most EW and CAC

cases are managed by a lead case manager in Public Health, but there is a social worker in Social Services who manages EW cases where behavioral health needs are present.

○ **Clay County has excellent supports in place to assist case managers.** The lead agency utilizes a case aide to help data entry into MMIS in the CADI and EW programs to reduce the administrative burdens on case managers. Case managers appreciate being able to connect and receive updates during weekly Adult Case Consult meetings and other regular unit meetings. Public Health uses an electronic system for case files to promote consistency across programs and cases they manage. They also contracted with a retired worker to assist during a position vacancy. Social Services and Public Health have shared drives where they keep contracts, forms, meeting minutes, resources, and provider lists so everyone has access to the same documents. Supervisors maintain the documents on these drives, and any of the lead agency staff can make updates to forms to make sure they are using the most current DHS version.

○ **Clay County staff are well-connected with providers and other organizations that serve participants.** Case managers have good knowledge of the community and who can provide needed services for participants. Public Health case managers are assigned geographically which helps them get to build relationships with provider staff in specific parts of the county. The county's proximity to Fargo, ND also gives participants access to many resources and choices in providers. Even with a large pool of providers, case managers have developed close working relationships with providers and relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Clay County continues to work closely with providers on emergency preparedness and planning efforts.

○ **The case files reviewed in Clay County consistently met HCBS program requirements. Participant case files are well-organized and complete.** Required documentation and forms were included in the file, including the ICF/DD Level of Care, OBRA Level One, informed consent to release information, right to appeal information, notice of privacy practices (HIPAA), and signed and dated care plans. The lead agency also includes elements

in case files that exceed program requirements; although it is not required, all (100%) of the EW, AC, and DD cases included emergency contact information.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Clay County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Clay County and its HCBS participants.

○ **Effective August 1, 2012, assess vocational skills and abilities for all working age participants.** The county must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process.

○ **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential care**. Clay County has lower rates of participants served at home than its cohort in the CCB and elderly programs. Only 60.1% of CCB participants are served at home (50th of 87 counties), 28.1% of DD participants are served at home (46th of 87 counties), and 53.3% of elderly participants are served at home (75th of 87 counties) indicating high use of residential services. In addition, Clay County serves a high number of low needs waiver participants in residential settings including 24 in EW, 42 in CADI, and 31 in DD. Clay County has worked with providers to develop creative services that incorporate technology to help participants live more independently, and should continue to work to influence what services are available to its waiver participants. This may include partnering with neighboring counties with similar needs or service capacity. This could include developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. As the county experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants. To plan for the future, the lead agency should work across populations to ensure

access to participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.

○ **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Clay County has lower rates than its cohorts in the percentage of working age participants earning more than $250 in income for the DD program (18.0% vs. 23.0%) and ranks 60th of 87 counties. Additionally, the percentage of working age participants earning more than $250 in income for the CCB programs is only slightly higher than its cohort (14.6% vs. 13.3%) which ranks 32nd of 87 counties. The lead agency should continue to work with local providers to develop community-based employment opportunities for participants and focus on creating opportunities that result in higher wages for participants. The lead agency should consider creating a Request for Information (RFI) for the community-based employment opportunities and set expectations for providers about these services. Finally, the lead agency should ensure these opportunities can be accessed by all participants regardless of the waiver program.

○ **Develop and use visit sheets for case manager face-to-face visits with participants, their family, or provider staff**. The visit sheet can be used to monitor a participant's progress, note changes or additional needs of a participant, monitor providers in their delivery of services, and evaluate provider performance. Visit sheets can be kept in the participant's case file to document required face-to-face visits. Only 35% of case files reviewed in Clay County included documentation of participant satisfaction. Clay County currently has a short survey about their case management services that could be expanded to include additional questions to assess participant satisfaction with providers. The lead agency should also request progress reports as a way to monitor provider performance.

○ **Clay County should focus on building capacity to serve participants from diverse cultural backgrounds.** The county is seeing an increase in the participants from different cultures including many who require interpreter services and have varying perspectives and

preferences about their care. The county should work with potential providers to develop culturally appropriate services or partner with established providers to assist new providers looking to provide these types of services. This may include offering trainings on management and business aspects. Working to build provider capacity not only allows the county to better serve waiver participants of these cultural communities, but also plays a role in outreach efforts and encourages better understanding of waiver programs and county operations. Other strategies may include seeking out resources in the area such as local colleges for specialty interpreter services.

○ **When possible, assign one case manager to serve CADI participants with mental health needs, and use a single, integrated care plan for all these participants.** Having a single case manager would streamline services for HCBS program participants. When using one care plan format, it should meet all requirements for waiver programs and Rule 79 case management. This would allow participants to reference one care plan document for all of their program needs. Examples of an integrated care plan format, such as one from Wabasha County, can be found at www.MinnesotaHCBS.info. Clay County may also want to consider contracting CADI case management services with the mental health center as a way to integrate Rule 79 and waiver case management.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Clay County was found to be inconsistent in meeting state and federal requirements and will require a response by Clay County. Follow-up with individual participants is required for all cases when noncompliance is found. Correction actions are only issued when it is determined that a pattern of noncompliance is discovered and a corrective action plan must be developed and submitted to DHS. The following are areas in which Clay County will be required to take corrective action.

○ **Beginning immediately, ensure that LTC screenings for CCB programs occur within required time frames**. As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Seventy-one percent (71%) or 22

out of 31 assessments for new CAC, CADI and BI participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.

○ **Beginning immediately, ensure that all care plans include information documenting the participant's need for 24-hour supervision for all EW participants using customized living services.** All EW care plans for participants receiving 24-hour supervision residing in a customized living setting must be updated with this information. Five of the 13 cases where this was applicable included this information in the care plan.

○ **Beginning immediately, include a back-up plan in the care plan of all CADI participants.[1]** All CADI care plans must be updated with this information. This is required for all CCB programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provided needed services. Currently, four out of 35 CADI cases did not have a back-up plan. In addition, 15 out of 35 CADI cases included partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.

○ **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Clay County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 28 cases. All items are to be corrected by October 7, 2013 and verification submitted to the Waiver Review Team to document full compliance. Clay County submitted a completed compliance report on September 16, 2013.

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[1] A sample back-up plan with emergency contact information can be accessed at:
http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_048151.pdf

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

Strength: An item on the Waiver Review Performance Indicator Dashboard is listed as a strength if the lead agency scored 90% to 100% on the item, outperformed its cohort, or self-reported a compliant practice in alignment with DHS requirements or best practices.

Challenge: An item on the Waiver Review Performance Indicator Dashboard is listed as a challenge if the lead agency scored below 70%, is being outperformed by its cohort, or self-reported a non-compliant practice regarding DHS requirements or best practices.

PR: Program Requirement

CCB: A combination of the CAC, CADI, and BI waiver programs

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	1	N / A	0	1	N / A	N /A
Screenings done on time for new participants (PR)	79%	82%	71%	89%	AC / EW, CCB	DD
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	84%	100%	CCB, DD	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=38	CCB n=43	DD n=17	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	98%	100%	95%	N / A	AC / EW, CCB	N /A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N /A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N /A
All needed services to be provided in care plan (PR)	94%	95%	91%	100%	ALL	N /A
Choice questions answered in care plan (PR)	95%	100%	88%	100%	AC / EW, DD	N /A
Participant needs identified in care plan (PR)	71%	45%	84%	100%	DD	AC / EW
Inclusion of caregiver needs in care plans	50%	36%	55%	100%	DD	N /A
OBRA Level I in case file (PR)	99%	100%	98%	N / A	AC / EW, CCB	N /A
ICF/DD level of care documentation in case file (PR for DD only)	94%	N / A	N / A	94%	DD	N /A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N /A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N /A
Related Conditions checklist in case file (DD only)	75%	N / A	N / A	75%	N / A	N /A
CAC Form	100%	N / A	100%	N / A	CCB	N /A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	100%	N / A	N / A	N / A	ALL	N /A
LA recruits service providers to address gaps (QA survey)	100%	N / A	N / A	N / A	ALL	N /A
Case managers document provider performance (QA survey)	100%	N / A	N / A	N / A	ALL	N /A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who report receiving the needed assistance when they request it from the LA *(Provider survey, n=19)*	89%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA *(Provider survey, n=19)*	89%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	**ALL**	**AC / EW n=38**	**CCB n=43**	**DD n=17**	**Strength**	**Challenge**
Participants are visited at the frequency required by their waiver program (PR)	94%	100%	91%	88%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	96%	92%	98%	100%	ALL	N /A
Back-up plan (PR for CCB)	62%	76%	56%	47%	N / A	CCB
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N /A
PARTICIPANT RIGHTS & RESPONSIBILITIES	**ALL**	**AC / EW n=38**	**CCB n=43**	**DD n=17**	**Strength**	**Challenge**
Informed consent documentation in the case file (PR)	99%	100%	98%	100%	ALL	N /A
Person informed of right to appeal documentation in the case file (PR)	100%	100%	100%	100%	ALL	N /A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	97%	100%	100%	82%	AC / EW, CCB	N /A
PARTICIPANT OUTCOMES & SATISFACTION	**ALL**	**AC / EW n=38**	**CCB n=43**	**DD n=17**	**Strength**	**Challenge**
Participant outcomes & goals stated in individual care plan (PR)	97%	97%	95%	100%	ALL	N /A
Documentation of participant satisfaction in the case file	35%	45%	30%	24%	N / A	N /A

SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N /A
Percent of completed remediation plans summited by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N /A
Percent of LTC recipients receiving HCBS	N / A	65%	96%	96%	N / A	AC / EW
Percent of LTC funds spent on HCBS	N / A	35%	92%	96%	DD	AC / EW
Percent of waiver participants with higher needs	N / A	58%	73%	78%	N / A	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	99%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	53%	60%	28%	N / A	ALL
Percent of working age adults employed and earning $250+ per month	N / A	N / A	15%	18%	CCB	DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

BI is the Brain Injury Waiver (formerly referred to as the Traumatic Brain Injury waiver).

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

Care Plan is the service plan developed by the HCBS participant's case manager (also referred to as Community Support Plan, Individual Support Plan and Individual Service Plan).

Case Files: Participant case files are the compilation of written participant records and information of case management activity from electronic tracking systems. They were examined for much of the evidence cited in this report.

Case File Compliance Worksheet: If findings from the review indicate that case files do not contain all required documentation, lead agencies will be provided with a Case File Compliance Worksheet that they will use to certify compliance items have been addressed.

CCB refers to the CAC, CADI and BI programs, which serve people with disabilities.

CDCS refers to Consumer-Directed Community Supports. This is a service option available for participants of all waiver programs that allows for increased flexibility and choice.

Challenge: An item on the Waiver Review Performance Indicator Dashboard is listed as a challenge if the lead agency scored below 70%, is being outperformed by its cohort, or self-reported a non-compliant practice regarding DHS requirements or best practices.

CMS is the federal Centers for Medicare & Medicaid Services.

Cohort: All counties are categorized into one of five cohorts to allow for comparisons to be made amongst similar counties. Cohort one includes the counties serving a smaller number of HCBS participants, while cohort five includes the counties serving the largest number of HCBS participants.

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

Disability waiver programs refers to the CAC, CADI and BI Waiver programs.

EW is the Elderly Waiver.

HCBS are Home and Community-Based Services for persons with disabilities and the elderly: For the purpose of this report, HCBS include the Alternative Care program, CAC, CADI, Elderly, DD and BI Waivers.

Home care services refer to medical and health-related services and assistance with day-to-day activities provided to people in their homes. Examples of home care services include personal care assistant, home health aide and private duty nursing.

Lead agency is the local organization that administers the HCBS programs. A lead agency may be a County, Managed Care Organization, or Tribal Community.

Lead Agency Quality Assurance (QA) Plan Survey: Gathers information about lead agency compliance with state and federal requirements, quality assurance activities, and policies/practices related to health and safety.

Lead Agency Program Summary Data is data from MMIS/MAXIS and is used to compare lead agency performance to State averages and similar lead agencies for several operational indicators. This packet of data is formerly known as the operational indicators report. This data is presented to each lead agency during the waiver review site visit.

LTCC, or Long-Term Care Consultation, is used by case managers to assess participant health needs and participants' ability to live safely in their homes.

MnCHOICES is a project that creates and implements a single, comprehensive and integrated assessment and support planning applications for long-term services and supports in Minnesota.

Participants are individuals enrolled and receiving services in a HCBS program.

*Promising practice***:** An operational process used by the lead agency that consistently produces a desired result beyond minimum expectations. Also referred to as best practices.

Policies are written procedures used by lead agencies to guide their operations.

Provider contracts are written agreements for goods and services for HCBS participants, executed by the lead agency with local providers.

Provider Survey: Gathers feedback on lead agency strengths, areas for improvement, and lead agency communication with providers.

Strength: An item on the Waiver Review Performance Indicator Dashboard is listed as a strength if the lead agency scored 90% to 100% on the item, outperformed its cohort, or self-reported a compliant practice in alignment with DHS requirements or best practices.

Residential Services support people in outside of their homes, and include supported living services, foster care and customized living services.

Waiver Review Performance Indicators Dashboard is a visual summary of lead agency performance drawing from operational indicators, case file data and survey data.

Waiver Review Site visit refers to the time DHS and IG are on site with the lead agency to collect data used in this report.